

## FAQs about National Drug Codes

- Q1: When did the NDC become required for Medicaid billing?  
A1: As of June 15<sup>th</sup>, 2007, Medicaid issued a policy that required billing data to include a National Drug Code (NDC) for all drugs administered by physicians.
- Q2: What is the purpose of requiring the NDC?  
A2: To ensure Medicaid followed Federal guidelines to apply for rebates for medications administered. Immunizations are not eligible for such rebates, but were included in the requirement to add NDC to billing data. This includes all vaccines and the associated administration fees.
- Q3: Which NDC does Medicaid require?  
A3: Medicaid requires the NDC from the outer box of the vaccine package. However, if you have received a single dose of vaccine and do not have the outer box, the NDC from the vaccine vial or syringe may be used.
- Q4: Will I receive a rejection from Medicaid if I submit the wrong NDC?  
A4: Medicaid will not issue a rejection due to the use of an NDC that indicates either box or vial. Currently Medicaid is just verifying that a correct 9 digit NDC is present, not rejecting due to box or vial. If providers do receive a Medicaid rejection, it is due to a missing NDC or another reason other than NDC.
- Q5: Do I have to include an NDC on my Medicaid billing?  
A5: Yes, VFC providers must include an NDC code for the vaccine that was administered, and then bill on a separate line the administration fee for that vaccine.
- Q6: What is the current administration fee paid by Medicaid?  
A6: In Michigan, Medicaid pays \$ 7.00 per injectable administration and \$3.00 for oral or nasal administration, with \$0.00 paid for the actual VFC vaccines administered.